

1-1 By: S. Davis of Harris, Collier H.B. No. 1605
 1-2 (Senate Sponsor - Huffman)
 1-3 (In the Senate - Received from the House April 29, 2013;
 1-4 April 30, 2013, read first time and referred to Committee on Health
 1-5 and Human Services; May 13, 2013, reported adversely, with
 1-6 favorable Committee Substitute by the following vote:
 1-7 Yeas 8, Nays 0; May 13, 2013, sent to printer.)

1-8 COMMITTEE VOTE

	Yea	Nay	Absent	PNV
1-9				
1-10	X			
1-11	X			
1-12	X			
1-13	X			
1-14	X			
1-15			X	
1-16	X			
1-17	X			
1-18	X			

1-19 COMMITTEE SUBSTITUTE FOR H.B. No. 1605 By: Deuell

1-20 A BILL TO BE ENTITLED
 1-21 AN ACT

1-22 relating to the establishment of a pilot program in Harris County to
 1-23 provide maternity care management to certain women enrolled in the
 1-24 Medicaid managed care program.

1-25 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-26 SECTION 1. Subchapter B, Chapter 531, Government Code, is
 1-27 amended by adding Section 531.0996 to read as follows:

1-28 Sec. 531.0996. PREGNANCY MEDICAL HOME PILOT PROGRAM. (a)

1-29 The commission shall develop and implement a pilot program in
 1-30 Harris County to create pregnancy medical homes that provide
 1-31 coordinated evidence-based maternity care management to women who
 1-32 reside in the pilot program area and are recipients of medical
 1-33 assistance through a Medicaid managed care model or arrangement
 1-34 under Chapter 533.

1-35 (b) In developing the pilot program, the commission shall
 1-36 ensure that each pregnancy medical home created for the program
 1-37 provides a maternity management team that:

1-38 (1) consists of health care providers, including
 1-39 obstetricians, gynecologists, family physicians or primary care
 1-40 providers, physician assistants, certified nurse midwives,
 1-41 advanced practice registered nurses, and social workers, in a
 1-42 single location;

1-43 (2) conducts a risk-classification assessment for
 1-44 each pilot program participant on entry into the program to
 1-45 determine whether her pregnancy is considered high- or low-risk;

1-46 (3) based on the assessment under Subdivision (2),
 1-47 establishes an individual pregnancy care plan for each participant;
 1-48 and

1-49 (4) follows the participant throughout her pregnancy
 1-50 in order to reduce poor birth outcomes.

1-51 (c) The commission may incorporate financial incentives to
 1-52 health care providers who participate in a maternity management
 1-53 team as a component of the pilot program.

1-54 (d) Not later than January 1, 2015, the commission shall
 1-55 report to the legislature on the progress of the pilot program. The
 1-56 report must include:

1-57 (1) an evaluation of the pilot program's success in
 1-58 reducing poor birth outcomes; and

1-59 (2) a recommendation as to whether the pilot program
 1-60 should be continued, expanded, or terminated.

